

Release and Hold Harmless Agreement

I, the undersigned state that I am the parent or legal guardian of _____ (hereinafter "my child") and hereby give my child permission to participate in the _____ activity taking place on _____ (date), sponsored by Friends of Santa Cruz State Parks, hereinafter referred to as the "activity".

On behalf of my minor child, I consent to my child's participation in the activity and acknowledge that I fully understand participation may involve risk of serious injury or death, including losses which may result not only from my child's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, equipment, or areas where the event or activity is being conducted. I understand that if I have any risk concerns, I should discuss the risks associated with my child's participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that my child is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury to my child occurs. I consent to emergency medical treatment for my child in the event such care is required.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my child's participation in the activity. I agree I am financially responsible for any losses resulting from my child's actions and will indemnify Friends of Santa Cruz State Parks, and the officers, directors, employees and agents of them, arising out of my child's participation in the activity and hereby release, hold harmless, and discharge Friends of Santa Cruz State Parks, and the officers, directors, employees and agents of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of Friends of Santa Cruz State Parks, and its officers, employees, representatives and volunteers.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Friends of Santa Cruz State Parks, and the officers, directors, employees and agents of them is knowingly given up in return for allowing my child's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

Please utilize the space below to provide any medical / prescription information that you request be released to emergency medical providers:

Emergency Contact _____
Name (print) Phone # Relationship to the participant

List medical / prescription information: _____

Parent's Signature _____ Date: _____

Participant: _____
Name (print) Phone # Address

Witness (must be at least 18 years old)

Signature: _____ Date: _____